



## **Talking Points for True Self-Direction**

The upcoming DHS public hearings offer participants, families, & their allies an opportunity to offer input on the DHS Concept Paper that will be presented to the Legislative Joint Finance Committee & will determine the important features of Family Care/IRIS 2.0. DHS wants to hear from participants about what they think works well in the current IRIS program & what they think could be improved. This is an important opportunity to have an impact on the future of Long-term Care (LTC) services and to ensure that real self-direction is preserved in Wisconsin. Below are some thoughts to consider when writing your testimony. Whether you attend a hearing or not, please share your thoughts in writing to DHS via email at [DHSFCWebmail@dhs.wisconsin.gov](mailto:DHSFCWebmail@dhs.wisconsin.gov) & [send a copy to your legislators](#).

### **Safeguards must be in place to ensure that managed care is not promoted above self-direction.**

- For individuals choosing to self-direct their long-term care supports, the case management support within the Integrated Health Agency (IHA) should only apply to acute & primary services & any long-term care services that the participant chooses not to self-direct.
- Self-direction Consultation is currently a Home & Community Based waiver service. In order to comply with CMS' Conflict Free Case Management Rule, IHAs cannot provide self-direction consultation services in house. Therefore, we recommend that all IHAs be required to contract with independent IRIS Consultant Agencies (ICAs) for self-direction consultation services. To ensure choice, we recommend that each IHA contract with 2 or more independent ICAs.
- All ICAs should be certified. This ensures that entities providing self-direction consultation services have a true understanding of self-direction & the specialized skill set required to support participants effectively.
- People choose self-direction because they prefer to manage their lives & their long-term care services themselves. People who self-direct consistently have better health & quality of life outcomes. Self-direction is cost-effective which creates a more sustainable & cost effective long-term care system.

### **Full Budget Authority & Full Employer Authority is Imperative to True Self-direction.**

- Self-direction including full budget & employer authority must be available to ALL people eligible for long-term care services including those with complex/high cost care needs, regardless of their legal status.
- DHS must develop, maintain, & monitor the budget determination tool so that participants have access to a consistent budget regardless of which IHA they choose.
- Individual budgets must be based on the participant's assessed support needs, determined through an objective and consistent tool that is used by all IHAs, and must support an individual's desired outcomes (i.e., long term care goals). Budgets should be based on the actual cost of services the person needs and not be reduced because natural supports are in place.
- Participants fully manage their budgets based on their individual goals to meet their needs. This includes full community access & integrated employment.
- The DHS Concept Paper that is submitted to the JFC should assure that participants, regardless of the extent of their disability or legal status have the ability to hire the people they choose (who they feel are the most qualified & with whom they feel safe), including family members and independent care providers.